# F06000005968

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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#### CHUBB LICENSING SERVICES LLC

15 Mountain View Road, P.O. Box 1615, Warren, New Jersey 07061-1615 • T: 800 824-6717 F: 908 903-4245

September 14, 2006

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: NONRESIDENT AGENT'S LICENSE STATE OF FLORIDA

Please register Maguire Agency as a nonresident agent in the state of Florida. Enclosed are the following:

- 1. Cover Letter
- 2. Application By Foreign Corporation For Authorization to Transact Business in Florida
- 3. Certificate of Good Standing
- 4. Chubb Licensing Services check in the amount of \$78.75

Thank you for your cooperation.

Tonda Pratt Licensing Associate Chubb Licensing Services LLC (908) 903-2486

Encl.

#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
<sub>SUBJECT:</sub> Maguire Agency, Inc.	
50502011	ration - must include suffix)
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atter to the following:
Tonda Pratt	
(Nam	e of Person)
Chubb Licensing Services	
(Firm	/Company)
15 Mountain View RD PO Box 161	5
· ·	Address)
Warren NJ 07061-1615	
(City/St	ate and Zip code)
For further information concerning this matter, plea	se call:
Tonda Pratt at ( 90	8 \ 903-2484
	rea Code & Daytime Telephone Number)
	•
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\sqrt{\sq}}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\sqrt{	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Maguire	Agency, Inc.			
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
moi, 00., 0	corp, me, co, or corp. )			
MAGO	Like ASENEY oF lable in Florida, enter alternate corporate name add	Roseville		
(If name unavai	lable in Florida, enter alternate corporate name add	opted for the purpose of transacting bu	usiness in Florida)	
2. Minnesota	a yunder the law of which it is incorporated)	1-1296120		
(State or country	under the law of which it is incorporated)	(FEI number, if applicat	ole)	
4. 03/17/197				
(Date	e of incorporation) (I	Duration: Year corp. will cease to exi	st or "perpetual")	
6				
(Date first transacted business in Florida, if prior to registration)				
4005 14/	(SEE SECTIONS 607.1501 & 607.1502			
7. 1935 West County Road B-2 #241 Roseville, MN 55113				
DO D 0	(Principal office address			
PO Box 6	4316 St. Paul, MN 55164-0316			
(Current mailing address)				
<sub>8.</sub> Insurance	Agency			
	s) of corporation authorized in home state or count	ry to be carried out in state of Florida	.)	
Name and street	et address of Florida registered agent: (P.O. B	toy NOT accentable)	75. Si 96	
or remarks and <u>burs</u>		<u> </u>	ECS S	
Name:	Corporation Service Compan	<u>y</u>	聖る二	
Office Address:	1201 Hays Street		SSE OF L	
	Tallahassee	_, Florida 32301	SEP 18 PM 3: 38 ALLANIASSEE, FLORIDA	
	(City)	(Zip code)	100 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
10 Pagistared of	gent's acceptance:	ĭ	DET 36	
	gent's acceptance: ned as registered agent and to accept service (	of process for the above stated cor	poration at the place	

designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, no more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	FILED
A. DIRECTORS	· • · · ·
Chairman: No Title Assigned	06 SEP 18 PM 3: 38
Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	TALLEH MODELLY 1 COMME
Vice Chairman: No Title Assigned	
Address:	
Director: No Title Assigned	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Matthew John Clysdale	
Address: 1935 West County Road B-2 #241	
Roseville, MN 55113	
Via Parisan. No Title Assigned	
Address:	,
Secretary: No Title Assigned	
Address:	
Treasurer: No Title Assigned	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.
13. Thoreof Cycle	
(Signature of Director or Officer listed in number 12 o	
14. MH+thew J CLys & Ale (Typed or printed name and capacity of person signif	PRESIDENT
(Typed or printed name and capacity of person significant control of the control	ng application)

## State of Minnesota

### **SECRETARY OF STATE**

Certificate of Good Standing

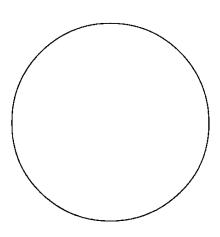
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Maguire Agency, Inc.

Date Formed: 03/17/1977

Chapter Governed By: 302A

This certificate has been issued on 08/25/06.



Mary Kiffmager Secretary of State.